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16523 U.S. PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | |
|---|-------------------------------|---|
| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | <i>Attorney Docket No.</i> | JMY-P01-001 |
| | <i>First Inventor</i> | Alexander V. Chervonsky |
| | <i>Title</i> | METHODS OF MODULATING HOMING OF T CELL BY INTERRUPTION OF CHEMOKINE/CHEMOKINE RECEPTOR SIGNALING |
| | <i>Express Mail Label No.</i> | EV 302 400 260 US |

| | | | |
|--|--|---|--|
| APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i> | | MS Patent Application ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 54] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 12] 5. Oath or Declaration [Total Sheets] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | |
| | | 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies | |
| ACCOMPANYING APPLICATION PARTS | | | |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | | | |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney | | | |
| 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> | | | |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations | | | |
| 13. <input type="checkbox"/> Preliminary Amendment | | | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> | | | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> | | | |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <input type="checkbox"/> Applicant must attach form PTO/SB/35 or its equivalent. | | | |
| 17. <input checked="" type="checkbox"/> Other: Statement Claiming Small Entity Status (1 page) | | | |

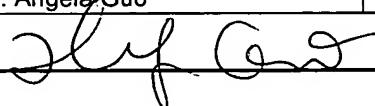
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

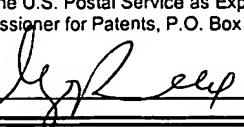
Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

| | | | | | |
|--|---|-----------|-----------------------------------|---|----------------|
| <input checked="" type="checkbox"/> Customer Number: | 28120 | | OR | <input type="checkbox"/> Correspondence address below | |
| Name | ROPS & GRAY LLP Patricia Granahan | | | | |
| Address | One International Place | | | | |
| City | Boston | State | MA | Zip Code | 02110-2624 |
| Country | US | Telephone | (617) 951-7000 | Fax | (617) 951-7050 |
| Name (Print/Type) | Z. Angela Guo | | Registration No. (Attorney/Agent) | 54,144 | |
| Signature |  | | Date | February 12, 2004 | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 302 400 260 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 2/12/04Signature: 

(Ginny Blundell)

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021204



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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 852.00)

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | Not Yet Assigned |
| Filing Date | February 12, 2004 |
| First Named Inventor | Alexander V. Chevonsky |
| Examiner Name | Not Yet Assigned |
| Art Unit | N/A |
| Attorney Docket No. | JMY-P01-001 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **18-1945**
 Deposit Account Name **Ropes & Gray LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------------------|--------------|-----------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| 1001 | 770 | 2001 | 385 |
| 1002 | 340 | 2002 | 170 |
| 1003 | 530 | 2003 | 265 |
| 1004 | 770 | 2004 | 385 |
| 1005 | 160 | 2005 | 80 |
| SUBTOTAL (1) (\$) | | 385.00 | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| | | Extra Claims | Fee from below | Fee Paid |
|--------------------|----|--------------|----------------|----------|
| Total Claims | 48 | -20** = | 28 x 9.00 | = 252.00 |
| Independent Claims | 8 | -3** = | 5 x 43.00 | = 215.00 |
| Multiple Dependent | | | | |

| Large Entity | | Small Entity | |
|--------------------------|----------|---------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| 1202 | 18 | 2202 | 9 |
| 1201 | 86 | 2201 | 43 |
| 1203 | 290 | 2203 | 145 |
| 1204 | 86 | 2204 | 43 |
| 1205 | 18 | 2205 | 9 |
| SUBTOTAL (2) (\$) | | 467.00 | |

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|-----------------------------------|--------------|--------------------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) |
| 1051 | 130 | 2051 | 65 |
| 1052 | 50 | 2052 | 25 |
| 1053 | 130 | 1053 | 130 |
| 1812 | 2,520 | 1812 | 2,520 |
| 1804 | 920* | 1804 | 920* |
| 1805 | 1,840* | 1805 | 1,840* |
| 1251 | 110 | 2251 | 55 |
| 1252 | 420 | 2252 | 210 |
| 1253 | 950 | 2253 | 475 |
| 1254 | 1,480 | 2254 | 740 |
| 1255 | 2,010 | 2255 | 1,005 |
| 1401 | 330 | 2401 | 165 |
| 1402 | 330 | 2402 | 165 |
| 1403 | 290 | 2403 | 145 |
| 1451 | 1,510 | 1451 | 1,510 |
| 1452 | 110 | 2452 | 55 |
| 1453 | 1,330 | 2453 | 665 |
| 1501 | 1,330 | 2501 | 665 |
| 1502 | 480 | 2502 | 240 |
| 1503 | 640 | 2503 | 320 |
| 1460 | 130 | 1460 | 130 |
| 1807 | 50 | 1807 | 50 |
| 1806 | 180 | 1806 | 180 |
| 8021 | 40 | 8021 | 40 |
| 1809 | 770 | 2809 | 385 |
| 1810 | 770 | 2810 | 385 |
| 1801 | 770 | 2801 | 385 |
| 1802 | 900 | 1802 | 900 |
| Other fee (specify) | | | |
| *Reduced by Basic Filing Fee Paid | | SUBTOTAL (3) (\$) | |
| | | 0.00 | |

| SUBMITTED BY | | (Complete if applicable) | | |
|-------------------|-----------|-----------------------------------|----------------|-------------------|
| Name (Print/Type) | Signature | Registration No. (Attorney/Agent) | Telephone | Date |
| Z. Angela Guo | | 54,144 | (617) 951-7546 | February 12, 2004 |

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Dated: 2/12/04

Signature: (Ginny Blundell)

Application No. (if known):

Attorney Docket No.: JMY-P01-001

Certificate of Express Mailing Under 37 CFR 1.10

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MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on February 12, 2004
Date



Signature

Ginny Blundell
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Application Data Sheet